

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY

Plaintiff(s), _____ _____ _____ _____ vs Defendant(s), _____ _____ _____ _____	(Name) (Address) (Name) (Address)  (Name) (Address) (Name) (Address)	SMALL CLAIMS DIVISION  COUNTERCLAIM  Small Claim #: _____ Date Filed: _____
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TO \_\_\_\_\_, PLAINTIFF(S)

YOU ARE HEREBY NOTIFIED that \_\_\_\_\_, defendant, as  
counterclaimant demands from you the amount of \$ \_\_\_\_\_ based on (state briefly the basis for the  
demand) \_\_\_\_\_  
\_\_\_\_\_.

Signature:

[Name] /s/ \_\_\_\_\_

[Law firm] \_\_\_\_\_

[Mailing Address] \_\_\_\_\_

[Telephone Number] \_\_\_\_\_

[E-mail Address] \_\_\_\_\_

[Additional E-mail Address] \_\_\_\_\_

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at [www.iowacourts.gov/Representing\\_Yourself/ADAAccess](http://www.iowacourts.gov/Representing_Yourself/ADAAccess)). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

